Canyon Meadows
Dental Care

11646 Elbow Dr. SW
Calgary, Alberta T2W 1S8
(403) 278 3400 Fax: (403) 278 3458

Consent to the Disclosure of Individuality Identifying Health Information

I, _____ , authorize Canyon Meadows Dental Care and its representatives to release my:

Current Diagnostic Radiographs
(Duplicates will be sent. If more than one copy is required charges will apply).

Please forward radiographs to: _____

_____

_____

_____

I fully understand the above consent statement and I am entering into them voluntarily, as certified by my signature below.

Signature: _____ Date: _____

Please return or fax to
Canyon Meadows Dental Care (403-278-3458)